

U.S. No. 300
Rev. 10-48

FILED MAR 21 1950
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7837

State File No. _____
Registrar's No. 132

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. _____		Registrar's No. 132			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff							
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS (If rural, give location) Hy 67 N							
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Robert c. (Last) Smith				4. DATE OF DEATH (Month) (Day) (Year) March 14 1950							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH March 8, 1950		9. AGE (In years last birthday) 6			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA											
13a. FATHER'S NAME Jack Smith				13b. MOTHER'S MAIDEN NAME Irene Robbins				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Smith, Poplar Bluff, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - ANTECEDENT CAUSES Atelantois Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7635	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Arthur C. Parker MD				23b. ADDRESS Poplar Bluff, Mo.				23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 3/16/50		24c. NAME OF CEMETERY OR CREMATORY Sparkman Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
DATE REC'D BY LOCAL REG. March 17, 1950				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch, Poplar Bluff Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1958

250130

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Wallace H. Fitch

Signed _____

Student Embalmer

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.